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	345180	A. BUILDING _____ B. WING _____	08/23/2018

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WESLEY PINES RETIREMENT COMM	1000 WESLEY PINES ROAD LUMBERTON, NC 28358

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F 757 SS=G	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, physician assistant (PA) interview, resident interview, staff interview, and record review the facility failed to draw three prothrombin time/international normalization ratio (PT/INR) labs ordered by the PA or the physician for 1 of 1 residents (Resident #35) receiving anticoagulant (blood thinning) medication. After one of the missed PT/INR labs Resident #35 was found to have an INR level in the high critical range. Findings included: Record review revealed Resident #35 was admitted to the facility on 05/01/12. The	F 757	On three separate occasions Resident #35 had PT/INR labs ordered that were not drawn. In conducting a root cause analysis of how/why this happened, the nurse management team in conjunction with the NHA determined that there was inadequate monitoring in place to ensure that labs ordered are actually performed with results being reported to the physician. These missing labs had the potential to cause harm to Resident #35. The following procedures have been	9/10/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/07/2018

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F 757	Continued From page 1 resident's documented diagnoses included atrial fibrillation (a-fib: irregular heart beat), sick sinus syndrome (heart rhythm disorder), history of cerebrovascular accident (CVA: stroke), cardiomyopathy (disease of the heart muscle making it difficult for the heart to pump blood), presence of a pacemaker, and hypertension. 12/04/17 lab results documented Resident #35's PT/INR was 37.5/ 3.5 (with the PT normal range being 9.3 - 11.5 seconds and the INR normal range being 0.9 - 1.1). The lab results documented the resident's desired INR therapeutic range was 2.0 - 3.0. A 12/05/17 physician order changed the resident's Coumadin dosage from 5 milligrams (mg) daily (QD) to alternating between 4 and 4.5 mg QD (which was done as documented on the medication administration record-MAR), and requested a repeat PT/INR lab on 12/11/17. A 12/11/17 progress note documented the lab called to inform the facility that Resident #35's INR was at a critical level with lab results documenting a PT/INR of 86.3/7.8. A 12/11/17 physician order held the resident's Coumadin on 12/11/17 (which was done as documented on the MAR), and requested a repeat PT/INR on 12/12/17. 12/12/17 lab results documented Resident #35's PT/INR was 50.2/4.6, and the physician wanted the resident's Coumadin held on 12/12/18 and 12/13/18 (which was done as documented on the MAR) with a repeat PT/INR on 12/14/17. 12/14/17 lab results documented the resident's	F 757	implemented to ensure that PT/INR labs are drawn as ordered, with results reported to the MD/PA within 24 hours. 1. The facility Charge Nurse (Cindy Durden, RN) will establish and maintain a Coumadin Flowsheet for each resident on Coumadin. The Flowsheet (initiated 8/23/18) will be included in the Resident's EMR and will be accessible to all nurses and the NHA. Each entry into the Flowsheet will include the date, the current medication order (dose, route, frequency), the PT/INR lab result for that date, the MD's response to the lab value (new order or no change) and the date of the next ordered PT/INR lab. To ensure that the Coumadin Flowsheet is kept up-to-date, all MD orders will be brought to the daily ITM (interdisciplinary team meeting) and will be reviewed by the ITM. When an order for a PT/INR lab is among the orders reviewed, a member of the ITM will immediately access the Flowsheet to ensure that the order has been entered into the Flowsheet. If it has not been entered, it will be entered immediately. The ITM minutes recording form will include a prompt to review the Coumadin Flowsheet for each resident receiving Coumadin to determine if a lab is due. In the event a lab is found to be due the ITM will verify that it has been ordered by accessing the Resident's medical record within the local hospital's EMR (Epic). All the nurses and the NHA have access to our patients' records in Epic. We can determine whether or not a lab has been	

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F 757	Continued From page 2 PT/INR was 16.3/1.6. A 12/15/17 PA order restarted Coumadin at 3 mg QD (which was done as documented on the MAR) and requested a repeat PT/INR on 12/18/17. A 12/15/17 progress note documented Resident #35 was found with a bruise to the right leg measuring 20.5 x 6.5 centimeters (cm) from the knee to the top of the ankle which was reddish purple in color. At this time the resident reported a couple days before she was hit by the leg extender on another resident's wheelchair. The physician was notified with orders to monitor the area closely. Review of lab results in the medical record and of the electronic laboratory system revealed no PT/INR was drawn on 12/18/17 (as ordered on 12/15/17). 12/26/18 lab results documented Resident #35's PT/INR was 20.9/2.0. 01/04/18 lab results documented Resident #35's PT/INR was 13.2/1.3. A 01/15/18 physician order discontinued the resident's Coumadin, and started her on Eliquis (anticoagulant medication not requiring lab monitoring) 5 mg twice daily (BID). This change was made per review of the resident's MAR. A 03/29/18 physician order discontinued the resident's Eliquis, and started her on Coumadin 3 mg QD with a PT/INR to be drawn on 04/02/18. This change was made per review of the resident's MAR.	F 757	ordered and can see the results if they have posted. In the event the lab has not been ordered and/or received, the DON will take immediate action to ensure the lab is ordered and/or the results have been shared with the attending physician. 2. The Charge Nurse, or her designee, will print the Coumadin Flowsheet sheet each week for physician/PA review during weekly rounds. 3. All residents on Coumadin will be included in the weekly risk management chart reviews. The risk management audit sheet will contain a section labeled "Coumadin" with blanks for inputting the most recent PT/INR, the date of the next scheduled lab, MD notification, etc. 4. The consultant pharmacist will include in her list of recommendations/concerns to the NHA,DON and Charge Nurse any missing PT/INR labs. This will include labs ordered from the last consultant review up thru the date of the current review. The consultant will email the list of concerns/recommendations to the named facility staff prior to exiting the building. This PT/INR monitoring program will be fully implemented and ongoing at any time the facility has a resident(s) receiving Coumadin. The DON or her designee will in-service all nurses, all members of the ITM, and all members of the risk management team to ensure they fully understand these new processes and are familiar with all the forms to be used in this process. In-servicing will also include the risks associated with the use of	

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F 757	Continued From page 3 04/02/18 lab results documented the resident's PT/INR was 10.6/1.0. A 04/02/18 physician ordered increased the resident's Coumadin to 4 mg QD (which was documented on the resident's MAR) and requested a PT/INR be drawn on 04/05/18. Review of lab results in the medical record and of the electronic laboratory system revealed no PT/INR was drawn on 04/05/18 (as ordered on 04/02/18). A 04/27/18 physician order documented, "Obtain PT/INR today 04/27/18. PT/INR not obtained on 04/05/18. Notified _____ (name of PA)." 04/27/18 lab results documented Resident #35's PT/INR was 70.3/6.8 with the INR being in the high critical range. A 04/27/18 physician order provided vitamin K intramuscularly (IM) at 2.5 mg x 1 and held Coumadin x 4 days with a repeat PT/INR to be drawn on 05/02/18 (both of which were done per review of the resident's MAR). 05/02/18 lab results documented the resident's PT/INR was 11.3/1.1. A 05/02/18 physician order started the resident's Coumadin again at 2 mg QD (which was done per the MAR). PT/INR labs were drawn on 05/11/18, 05/18/18, 05/24/18, and 05/31/18. 05/31/18 lab results documented Resident #35's PT/INR values were "high" with a PT/INR of 61.4/5.9.	F 757	Coumadin, hence the importance of maintaining this monitoring program. The DON or her designee will ensure that this training is provided to all new-hire nurses during their facility orientation. The facility ADON (Jamie Walters, RN) will incorporate into the monthly QAPI meeting a review of the Coumadin Flowsheet(s) for each resident receiving Coumadin to ensure there are no deviations from this monitoring program. This will become a permanent component of the QAPI program.	

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06/04/18 lab results documented the resident's PT/INR was 46.1/4.4.

A 06/05/18 physician order held Resident #35's Coumadin on 06/06/18, and started the resident on Coumadin 3 mg QD on 06/07/18 (which was done per the MAR) with a PT/INR to be obtained on 06/11/18.

06/11/18 lab results documented the resident's PT/INR was 44.2/4.

A 06/12/18 PA order held the resident's Coumadin on 06/12/18 and 06/13/18 and restarted Coumadin at 2 mg QD on 06/14/18 (which was done per the MAR) with a repeat PT/INR to be obtained on 06/18/18.

Review of lab results in the medical record and of the electronic laboratory system revealed no PT/INR was drawn on 06/18/18 (as ordered on 06/12/18).

A 06/24/18 progress note documented Resident #35 had a bruise to her left upper arm shaped like fingers. The physician was notified with orders to monitor the area closely, and an investigation ruled out abuse.

A 07/05/18 PA order documented, "1. PT/INR on 07/02/18 = 12.8 and 1.2. 2. (Increase) Coumadin to 2 mg alternating (with) 3 mg....A-fib. 3. Obtain PT/INR on 07/12/18 (which was done per order review). 4. PT/INR ordered on 06/18/18 not obtained. Notified _____ (name of PA)."

Resident #35's 07/18/18 quarterly minimum data

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set (MDS) documented her cognition was intact, she was tired and experienced some hallucinations, she rejected care for 1 -3 days in the look-back period, she required extensive assist from staff to being dependent on the staff for her activities of daily living (other than being independent when eating), her weight was stable, and she received an anticoagulant medication one day during the look-back period.

The resident's care plan, last updated on 07/20/18, identified "At risk for unexplained bleeding and bruising r/t (due to) administration of anticoagulant (sick sinus syndrome, a-fib, CVA with left hemiparesis)" as a problem. Interventions to this problem included drawing labs as ordered.

On 8/23/18 at 9:38 AM the Director of Nursing (DON) stated the facility had not completed monthly tracking forms, recapitulations, or audits on labs associated with Coumadin usage because the facility had never had many residents on the medication. She reported all residents on anticoagulants currently in the facility, except Resident #35, were receiving medications beside Coumadin which did not require lab monitoring. According to the DON, the danger of missed PT/INRs was that a resident could experience severe bleeding before labs identified the resident as having critical INR levels. The DON commented she had reviewed Resident #35's chart, and saw no documentation of bleeding for the resident, and confirmed that there were no PT/INR labs drawn for Resident #35 on 12/18/17, 04/05/18, and 06/18/18.

On 08/23/18 at 11:05 AM Charge Nurse #1 stated she usually wrote PT/INR orders, placed copies

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of the orders in the lab basket, and the night shift nurses scheduled the labs on the lab calendar. She reported she was responsible for checking to make sure the the PT/INR labs were drawn. This Charge Nurse commented that an electronic PT/INR tracking log had been discontinued sometime in 2017 because the rest of the staff did not really think it was necessary. She confirmed that the goal was to keep Resident #35's INR level in the 2.0 - 3.0 therapeutic range. According to Charge Nurse #1, when PT/INR labs were missed there was the danger that the INRs could be 6.0 or greater without the facility knowing which increased the chance that residents could "bleed out". She stated there had been no in-servicing about how to correct the problem with missed PT/INR labs. However, she reported the Quality Assurance (QA)/Staff Development Coordinator (SDC) had compiled a list of residents receiving any type of anticoagulant medication which was placed in front of the MARs.

On 08/23/18 at 11:28 AM the QA/SDC nurse stated she had not held any in-servicing on how to avoid missing PT/INR labs. However, she reported she had developed a list of all residents on any type of anticoagulant medication, and placed a copy of the list in front of all MARs and at all Nursing Assistant (NA) kiosks. She commented that she had 1:1 educations sessions with all NAs, stressing the importance of taking extra time when transferring, shaving, and caring for these residents. This nurse also reported she instructed the NAs on the importance of immediately reporting bruising and bleeding for these residents to the nursing staff.

On 08/23/18 at 12:02 PM, during a telephone with

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the facility's PA, he stated the goal was to keep Resident #35's INR between 2.0 and 3.0 to help control her atrial fibrillation, but it was a difficult task because the resident's INR varied greatly with the slightest adjustment in her Coumadin regimen. He reported he liked to draw repeat PT/INR labs about three to four days after dosage changes. He commented he expected the nursing staff to draw all the PT/INR labs he ordered and to notify him immediately when the resident's INR values were drastically out of the therapeutic range so he could make dosage changes quickly. He also remarked that when the INR rose close to or above 6.0 holding doses of Coumadin and the administration of vitamin K were often used to bring the resident closer to the therapeutic range. The PA stated he did not remember being notified about missed PT/INR labs for Resident #35, but he reported he thought he had been notified several times about her critically high INR values. According to the PA, he had serious concern when a PT/INR had not been drawn as ordered, and the resident's INR level was critically elevated for four to five days without the facility being made aware through lab monitoring. He commented that he expected facility staff to monitor residents on Coumadin carefully for bleeding, bruising, slurred speech, and drastic drops in hemoglobin and hematocrit levels. The PA stated he did not have concern even though Resident #35's hemoglobin had gradually dropped from 12.9 grams per deciliter (g/dL) on 11/06/17 to 10.4 g/dL on 06/04/18, and her hematocrit had gradually dropped from 40.2% on 11/06/17 to 33.9% on 06/04/18. He explained the gradual drop was probably due to aging and the many co-morbidities the resident experienced.

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On 08/23/18 at 1:27 PM Charge Nurse #1 provided copies of the facility's lab calendars, and missed PT/INR labs for Resident #35 on 12/18/17, 04/05/18, and 06/18/18 had not been entered on the calendars to be drawn. She stated she thought part of the problem which caused the PT/INR labs not to be scheduled was that the facility Physician/Medical Director at the time always drew his PT/INR labs monthly, but the newer PA wanted closer monitoring and tighter therapeutic control over INRs so he ordered the PT/INRs more frequently, especially following dosage adjustments. According to the Charge Nurse, she thought Resident #35's labs might have been overlooked because the night nurse was used to only drawing PT/INRs monthly. Charge Nurse #1 stated she could not explain why she did not more quickly identify that Resident #35's 12/18/17, 04/05/18, and 06/18/18 PT/INRs were not drawn.

On 08/23/18 at 1:45 PM, during a telephone conversation, Nurse #1, who worked nights in the facility, stated she was used to scheduling PT/INR labs and a CBC (complete blood count) for Resident #35 on the first Monday of each month. She reported copies of the orders to draw the resident's 12/18/17, 04/05/18, and 06/18/18 PT/INRs might have not been placed in her lab basket, or she might have overlooked them because they were outside of the resident's regular PT/INR schedule. She commented that sometimes the PA ordered repeat or additional PT/INRs when Coumadin dosages were changed or there were abnormal lab values. According to Nurse #1, Mondays and Thursdays were the lab draw days for the facility. She stated a lab technician from the hospital drew the labs based on her lab calendars unless during holidays

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F 757	Continued From page 9 facility staff members might have to draw the labs themselves. On 08/23/18 at 2:40 PM Nurse #2 stated Resident #35 was very confused for two or three months prior to August 2018, but her cognition had improved recently. She reported she frequently cared for the resident, and she was unaware of the resident ever experiencing bleeding or having unexplained bruising. On 08/23/18 at 2:45 PM Resident #35 was very alert and oriented, and reported that she had not experienced any bleeding or unexplained bruising while in the facility. She commented she had felt very tired for a while now, but was told by the doctors that this was a side effect of some of her medications. There were no visible bruises on the resident's body.	F 757		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.	F 812		9/28/18

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F 812	Continued From page 10 §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to air-dry kitchenware before stacking it in storage and placing ice and beverage in it. The facility also failed to ensure adequate hair net coverage for 1 of 3 staff members working in the unit kitchen. Findings included: 1. At 9:42 AM on 08/22/18 6 of 18 eight-ounce cups, stacked on top of one another in one unit dining room had moisture trapped inside of them. 1 of 13 eight-ounce cups stacked on top of one another in the other unit dining room had moisture trapped inside of them. At 9:58 AM on 08/22/18 1 of 21 tray pans stacked on top of one another on a storage rack in the main kitchen had moisture trapped inside of it. At 10:17 AM on 08/22/18 surveyor intervention prevented a dietary employee in the unit/auxiliary kitchen from placing ice and beverage in 5 of 13 eight-ounce cups which still had moisture inside of them. At 10:46 AM on 08/23/18 the Food and Beverage Director stated it was okay to stack pieces of kitchenware on top of one another, but they should be clean and completely dry before doing so. He reported that moisture trapped between pieces of kitchenware could cause cross-contamination and had the potential for causing foodborne illness. He commented that drying racks were in place in both the main and	F 812	Serving pans, dishware, and cups/glasses should be completely air dried before stacking or using for serving. Stacking, storing, or use of wet kitchen wares can cause contamination to the kitchen wares, which can transfer to the food items that come in contact with them. This could cause a resident or residents to become sick, therefore all residents were at risk by the deficient practice. Likewise, the hair of all dietary employees involved in the preparation and/or distribution of prepared food must wear appropriate hair restraints, properly applied, to prohibit employee hair from coming in contact with resident food. Hair coming in contact with food can cause contamination and the spreading of micro-organisms. The pans and cups that were stacked wet were taken back to the dishwasher for a rewash and were then completely air dried before being used. The employee with the hairnet that wasn't correctly applied was immediately pulled from service, re-trained regarding the appropriate use and application of a hairnet, and then allowed to return to work. After taking immediate corrective action in both these situations , the Dietary Director and his assistant provided re-training for all employees regarding these two issues. One thing we learned during the survey is that it is not permissible to use a glass	

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	345180	A. BUILDING _____ B. WING _____	08/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESLEY PINES RETIREMENT COMM	1000 WESLEY PINES ROAD LUMBERTON, NC 28358

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F 812	Continued From page 11 unit/auxiliary kitchens, and kitchenware was supposed to be air-dried on these racks before being stacked in storage. At 10:58 AM on 08/23/18 Cook #1 stated she had attended dietary in-services in which the staff was educated to air-dry all kitchenware before stacking it in storage. She reported bacteria and mold could grow in trapped moisture and make residents sick. 2. On 08/22/18 between 11:38 AM and 11:55 AM, during observation of the trayline process, a dietary aide in the unit/auxiliary kitchen was taking resident plates from the cook at the steam table, placing bread with the meal, and then taking the food out to one of the unit dining rooms for the nursing assistants to distribute. The hair net worn by this employee only covered the back half of her head. The hair net did not cover the employee's bangs, which extended approximately 2 inches down her forehead, hitting just above her eyebrows. In addition, approximately two inches of hair on either side of her face was not tucked under the hair net, and hung loose, framing her face under her chin. At 10:46 AM on 08/23/18 the Food and Beverage Director stated employees working in the kitchens should have all their hair covered by a net. He reported uncovered hair posed the risk of loose hair falling into food which could cause cross-contamination and possibly make residents sick. At 10:58 AM on 08/23/18 Cook #1 stated during in-servicing dietary employees had been instructed to make sure all hair was covered when working in the kitchen. She remarked that	F 812	that has just come out of the dishwasher and has not been stacked. Our thinking heretofore was that the utensil was as clean and sanitary as it could be straight out of the dishwasher and could be used even if it was not completely dry, as long as it had not been stacked wet. We now know, and our employees have been taught, that regardless of whether the utensils have been stacked or not stacked, they have to be completely air dried before being used for serving. The Dietary Manager is ordering additional drying/storage racks that will decrease the need to stack utensils and will allow an increase in the number of utensil available, thereby decreasing the need to use items that have just recently been washed. The Dietary Director or his designee will inspect all kitchen wares twice per week for 8 weeks to ensure proper air drying techniques are being used and thereafter will perform a randomly timed weekly inspection. Any deficient practice identified during these audits will result in re-education of employees and then disciplinary action up to and including termination. The Dietary Manager or his designee will inspect all employees twice weekly for 8 weeks to ensure that all employees are using a hair restraint device and that it is properly applied. Thereafter, a randomly timed weekly inspection will be performed. Any deficient practice identified will result in employee re-education and then disciplinary action up to and including termination.	

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F 812	Continued From page 12 no one liked to find hair in their food because it was unsanitary and could cause the spread of disease.	F 812	Both of these weekly audits will continue indefinitely. The results of all audits will be presented at the monthly QAPI Committee meeting. Identified issues will be addressed by the committee with a plan of correction and monitoring schedule.	